

AMERICAN LEGION AUXILIARY
LAUREL GIRLS STATE
OFFICIAL 2025 APPLICATION FORM

**THIS APPLICATION IS NOT CONSIDERED APPROVED
UNLESS SIGNED BY A SPONSORING UNIT/POST.**

Sponsoring Unit/Post: _____

Authorized By: _____

(Please Print)

(Name)

(Phone Number)

(Address)

Signature: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT EMAIL: _____

TO BE COMPLETED BY APPLICANT'S HIGH SCHOOL.

NAME OF SCHOOL: _____

ADDRESS: _____

As Principal of the above-named school, I recommend _____,
a member of the Junior Class, as a Representative to the American Legion Auxiliary Laurel Girls
State. I believe they are a responsible citizen who has demonstrated leadership, good academics,
and interest in government.

DATE _____

SIGNATURE _____

THIS APPLICATION MUST BE COMPLETED, SIGNED, AND TUITION PAID BY JUNE 6, 2025.

Please Mail to:

**Laurel Girls State
PO Box 266
Rocky Hill, CT
06067-0266**